MULTIPLE DEPENDE... CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1														
2		1					51							
3		2					52							
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47							96							
48							97							
49							98							
50							99							
							100							
TOTAL IND.	↓		↓		↓		TOTAL IND.		↓		↓		↓	
TOTAL DEP.		14					TOTAL DEP.							
TOTAL CLAIMS		15					TOTAL CLAIMS							